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William Newsome -
DOB: 8/10/72

10/17/03 Letter to Dr. Tatagari

CC: Right long finger pain.

HPI: This is a 31-year-old, right hand dominant male who presents after sustaining an injury to his right long finger approximately 4 weeks ago. He states he sustained a fracture and dislocation of the finger. He was initially treated with attempted closed reduction of the finger. He now presents for further evaluation. He continues to have pain and swelling as well as some deformity about the long finger. He denies any numbness or tingling in the finger. He denies any injury to the remaining digits of the hand.

On PE of the right long finger, there is diffuse swelling about the PIP joint. There is diffuse tenderness to palpation over the PIP joint as well. There is no tenderness over the DIP or MCP joints. There is rotatory malalignment noted of the long finger. Sensation is intact to gross touch. Capillary refill is less than 2 seconds. There is very limited motion at the PIP joint secondary to pain.

X-rays of the right long finger were reviewed. They show a chronic fracture-dislocation of the PIP joint of the long finger with evidence of early callus formation. There is persistent dorsal subluxation of the proximal phalanx.

IMPRESSION: Chronic right long finger dorsal PIP joint fracture-dislocation.

PLAN: The diagnosis was explained to the patient and all questions were answered. At this point, he understands this is going to require significant reconstructive surgery and possible eventual fusion of the joint. It was explained that this should be performed by a hand surgeon at this point. Recommendations for hand surgeons will be made to the correctional facility. This referral should be made as soon as possible to prevent further stiffness at that joint. The patient will return to this office on an as needed basis.

Stephen G. Manifold, M.D./CMW